

## Request for Homeowner's Association Exemption from Swimming Pool and Spa Rules

Return to: Iowa Department of Public Health

Swimming Pool Program 321 East 12<sup>th</sup> Street Des Moines, IA 50319 Phone: (515) 281-3458

Fax: (515) 281-4529

This form shall be completed by an authorized	d facilit	y repr	esenta	ative, agenc	y, or owner.	
Owner Name:						
Owner Address:						
City:		State: 2				
Facility Name:						
Facility Address:						
City:	State	e: IA	Zip:		County:	
Authorized Representative (please print):						
Contact Phone: Contact Email:						
Pool or Spa Surface Area (ft²):				Volume (gls):		
Registration Number (if previously registered):						
Pool or Spa Surface Area (ft²):				Volume (gls):		
Registration Number (if previously registered):						
<ul> <li>dwelling units is notifying the department that it is hereby exempting its swimming pool and/or spa from regulation pursuant to Iowa Code §135I.2 and Iowa Administrative Code 64115.1(2). The HOA represents:         <ul> <li>The association bylaws, which also apply to a rental agreement relative to any of the dwelling units, have been amended to include an exemption from the requirements of this chapter.*</li> <li>The HOA will provide for inspection of the swimming pool or spa by an entity other than the department or a local inspection agency,</li></ul></li></ul>						
<ul> <li>The HOA will assume any liability associated with operation of the swimming pool and spa.</li> </ul>						
The HOA understands that if at any time it is determined that the above conditions for exemption no longer apply or are being violated the swimming pool and/or spa will again be subject to regulation under lowa Code §135I and Iowa Administrative Code 641, Chapter 15.						
Signature of Authorized Representative:						
Date:						
*Please provide a copy of the amended bylaws						

Please provide a copy of the amended bylaws

FOR DEPARTMENT USE ONLY				
Owner #:	Location #:	Registration #:		